PATENT

Attorney Docket No.: 15CT-4957

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh et al.

Group No.: 2882

Serial No.: 10/6

10/613,791

Examiner: Artman, Thomas R.

Filed:

July 03, 2003

For:

METHODS AND APPARATUS FOR SCOUT-BASED CARDIAC CALCIFICATION SCORING

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:

Amendment Transmittal (3 pgs.), in duplicate
Amendment in response to the final Office Action dated July 11, 2007 and the
Advisory Action dated December 14, 2007 (10 pages)
A copy of an executed Reissue Application Declaration by the Inventor from Jiang
Hsieh and Mark Edward Woodford (2 pages)

## **STATUS**

## **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |  |  |
|--------------------------------|-----------------------------|----------------------------------|--|--|
| first month                    | \$ 120.00                   | \$ 60.00                         |  |  |
| second month                   | \$ 460.00                   | \$ 230.00                        |  |  |
| X third month                  | \$ 1,050.00                 | \$ 525.00                        |  |  |

|                 |   | fo               | ourth month                           |                  | \$1,640.00   | \$ 8         | 320.00                                  |
|-----------------|---|------------------|---------------------------------------|------------------|--|--------------|---|
|                 |   | fi               | fth month                             |                  | \$2,230.00   | \$1,         | 115.00                                  |
|                 |   |                  |                                       |                  | Fee:   |              | \$1050.00                               |
| If an           | additional ext                            | ension of        | time is requ                          | ired, please     | consider this a pet                                | ition        | therefor.                               |
|                 |   | (Ch              | eck and comple                        | ete the next it  | em, if applicable)                                 |              |   |
|                 | <u> </u>                                  | therefore        | _                                     | deducted fr      | ready been secured<br>om the total fee due<br>ted. |              | -                                       |
|                 |   | Exten            | sion fee due                          | with this re     | equest \$ <u>590.00</u>                            |              |   |
|                 |   |                  |                                       | •                | OR   |              |   |
|                 | app                                       |                  | •                                     | _                | o provide for the po<br>ted the need for a p       |              | -                                       |
|                 |   |                  | FEE F                                 | OR CLAIN         | MS   |              |   |
| . Т             | The fee for cla                           | ims (37 <b>(</b> | C.F.R. 1.16(b                         | )-(d)) has b     | een calculated as s                                | hown         | below:                                  |
|                 | (Col. 1) (Col. 2)                         |                  | (Col. 3)                              | SMALL ENTITY     |  | SMALL ENTITY |   |
|                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | LABRIG           | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE                            | OR           | ADDITIONAL<br>RATE FEE                  |
| TOTAL<br>INDEP. |   | MINUS            |                                       | =                | x \$25.00 = \$ $x $100.00 = $$                     |              | x \$50.00 = \$ $x $200.00 = $$          |
|                 | FIRST PRESEN                              |                  | MULTIPLE DEP. (                       |                  | +\$180.00 = \$                                     |              | + \$360.00 = \$                         |
|                 |   |                  |                                       |                  | TOTAL ADDITIONAL FEE \$                            | OR           | TOTAL ADDITIONAL FEE \$                 |
|                 | (a) 🔀                                     | No addi          | itional fee for                       | r Claims is      |  |              | 100 100 100 100 100 100 100 100 100 100 |
|                 | ()  |                  |                                       |                  |  |              |   |
|                 |   |                  |                                       | OR               |  |              |   |
|                 | (b) 🗌                                     | Total ac         | ditional fee                          | for claims       | required \$  |              |   |
|                 |   |                  | FEE 1                                 | PAYMEN'          | Γ  |              |   |
| 5.              | Attach                                    | ned is a cl      | neck in the su                        | um of \$         |  |              |   |
|                 | _   | •                | t Account No<br>this transmitt        |                  | the sum of \$ <u>590.00</u><br>ed.                 | •            |   |
|                 |   |                  | FEE D                                 | EFICIENO         | CY   |              |   |

| 6. | $\boxtimes$ | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.                                      |
|----|-------------|--|
|    |             | AND/OR   |
|    | $\boxtimes$ | If any additional fee for claims is required, charge Deposit Account No. 01-2384.  |
| 7. |             | Other:   |
|    |             | William J. Zychlewicz Registration No. 51,366 ARMSTRONG TEASDALE LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102 |

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